PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The construction is especially important. Physicians: please write the causes of death clearly and legibly.

# VS A15

#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## 04325

#### CERTIFICATE OF DEATH

	Reg. Dist. No
City or town (If outside city or town limity, write RURAL and give nearest town)	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)  State
Now long in above place of death?	City or town (If outside city or town limits, write RURAL and give nearest town)  Sireet No. (If rural, give LOCATION)
Now long In hospital or institution?	2.(a) it veteran, name war
3.(a) FULL NAME Many Ella Boler	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced  T colored manual	MEDICAL CERTIFICATION
	20. DATE OF DEATH 22 2 9 18 47 at 7.30 / 1
6.(b) Name of husband or wife.  Solve the same of husband or wife.  Solve the same of husband or wife.	21. I CERTIFY that death occurred on the date above stated; that t attended deceased from  21. I CERTIFY that death occurred on the date above stated; that t attended deceased from  21. I CERTIFY that death occurred on the date above stated; that t attended deceased from  21. I CERTIFY that death occurred on the date above stated; that t attended deceased from  22. I CERTIFY that death occurred on the date above stated; that t attended deceased from  23. I CERTIFY that death occurred on the date above stated; that t attended deceased from  24. I CERTIFY that death occurred on the date above stated; that t attended deceased from  25. I CERTIFY that death occurred on the date above stated; that t attended deceased from  26. I CERTIFY that death occurred on the date above stated; that t attended deceased from  27. I CERTIFY that death occurred on the date above stated; that t attended deceased from the date above stated; that t attended deceased from the date above stated in the date
7. Birth date of deceased (mo., day, yr.) 67 Sec. Oct. 28, 1819	and that I last saw harmailive on 29 9 19 4
8. AGE: Years   Months   Days   It less than one day	Immediate cause of death
671874 bet 7 281hrsmin.	V V V V V V V V V V V V V V V V V V V
9. Birthplace (Tywn, county, and state)	Due to.
10. Usual occupation. Houseufe.	Due to.
11. Industry or business  12. Name Sleph Borrey  13. Birthplace Maylor &	Other conditions Ch. Myreachts -
E 13. Birthplace  H 14. Maiden name Lulia Thomas.  15. 8irthplace Manylend.	(Include pregnancy within 3 months of death)  Major findings of operations.
15. 8irthplace / maryland.	Date of op.
Willia Balen	Antopay results.
16. Informant	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address Address Date thereof 5/51/47	22. VtOLENCE: tf death was due to external causes, fill in the following;  Accident, suicide, or homicide
(Burial, cremation, or removal. Which?)  Cemetery or crematory.	Accident, suicide, or homicide
morana. md.	tnjured at home, farm, tndustry, public place (where?)
Location Rose & Welch.	Means of Injury Injured at work?
Address Chapters md;	23. SIGNATURE alongoins O. Wilch m. 5
19. (Date yec'd by registrar) 1947 (Caccalcian Registrar	Address Chapties md Date signed 3/31/47

Parolet View

JUN 2 1947

BUREAU V.S.

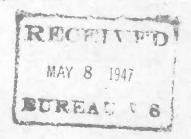
2411 N. Charles St., Baltimore

83a

#### CERTIFICATE OF DEATH

CI	ERTIFICATE OF DEATH Reg. Dist. No
1. PLACE OF DEATH:  County	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newborn infants give residence of mother)  State  County  City or town  (If outside city or town limits, write RURAL and give nearest town)  Street No.  (If rural, give LOCATION)  2.(a) If veteran, name war.
How long in hospital or institution?	3. (b) Social Security Number
Draw S	Re to 11
4. Sex 5. Color or race 6.(a) Single, married, wido  Chile The Chi	MEDICAL CERTIFICATION  2D. DATE DF DEATH.  21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
7. Birth date of deceased (mo., day, yr.)	and that I last saw h. C.T. alive on
8. AGE: Years Months Days If less than	Chebral Demonstrage 4/244
9. Birthplace. (Ind. (Town, county, and state)	Due to Sineuly a Arterio sclews 556 yrs
10. Usual occupation	Due to
E 12. Name 11 ) heselding	Dther conditions Moul -
# 14. Maiden name. Ann Inaire de	(Include pregnancy within 3 months of death)  Major findings of operations. M. Capeuline
\$ 15. Birthplace The many Ind	Date of op.
16. Informany 2223	Antopsy results.  PHYSICIAN: Please underline the cause to which death should he charged statistically.
Address  17. Date thereof Date there Date thereof Date there Date thereof Date there Date the Date there Date there Date there Date there Date there Date the Date there Date there Date there Date there Date there Date the	22. VIOLENCE: If death was due to external causes, fill in the following:  th) (dgy) (year)  Accident, suicide, or homicide
Cemetery de Land files	Where did injury occur?
Location Susking Susking	Injured at home, farm, Industry, public place (where?)
18. Funeral director Landa Landa Things	Means of Injury Injured at work?
Address Randlann  18. 5/6 (Dyte rec'd by registrar)	23. SIGNATURE Claricus C Welch M.D. or other  M. D. or other

MARGIN RESERVED FOR BINDING



2411 N. Charles St., Baltimore

#### CERTIFICATE OF DEATH

Reg. Dist. No. 284

		CERTIFICAT	L OF DEATH	Reg. Dist. No.
How long in above place of Hospital, Institution, or s How long in hospital or	St, Ma rlotte Ha atside eity or town limit of death? street address where dea	s, write KUKAL and give nearest town)	2. USUAL RESIDENCE (HOME) OF (For newborn infants give residence of restriction of the control o	St. Marys  nty  Hall. Me.  . write RURAL and give nearest town)
3. (a) FULL NAME	Jean E.	Brooks		3. (b) Social Security Number
4. Sex female	5. Color or race	6.(a)Single, married, widowed, or divorced single		ERTIFICATION 2619.47
	7 3 0		21. I CERTIFY that death occurred on the date about 19.4 and that I last saw h	54.7. 10. 77. 2. 2. 19. 4. 7. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2.
8	11	18min.	dalan PT	remona week
11. Industry or business  12. Name	none ames M. B aryland	rooks Holly	Due to	nonths of death)
16. informant		rooks	Actopsy results	
17. Buri (Burial, cremetion, Cemetery or cremator Location	al or removal. Which?) , St. Mary rlotte Ha	Date thereof 5/28/47 (month) (day) (year)  8 11. Md. inson	22. VIOLENCE: It death was due to external cau Accident, suicide, or homicide	Date of
Address Leon	ardtown,	Md.	23. SIGNATURE Servin January Address Columbia	M. D. or other  M. D. or other  ALL  Date signed 17274

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information carefully. The of death clearly and legible

ADING INK. Supply every item of Physicians: please write the causes

PLAINLY, WITH UNF. is especially important.

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PLEASE WRITE

MAY 29 1947

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PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The cis especially important. Physicians: please write the causes of death clearly and legibly.

PLEASE

MARGIN RESERVED FOR BINDING

2411 N. Charles St., Baltimore

131a

#### CERTIFICATE OF DEATH

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County Mary	State Mary and country It mary
(If outside city or town limits, write RURAL and give nearest town)	
How long in above place of death? A danger	(If outside city or fown limits, write RURAL and give nearest town)
Hospital, Institution, or street address where death oppurred:	Sireet No.
St mary's Asspilar	(If rurai, give LOCATION)
How long In hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
William Francis Burch	
4. Sex 5. Color or race B.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION
male white Single	20. DATE OF DEATH. May 29 19 47 at 11:55 F
a (t) Manual hardest as wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
B.(b) Name of husband or wife	Ospil 2, 2 19 47, 10 many 2 9 19 4 !
T. Birth date of	and that I last saw h. im alive on May 28 19 47
deceased (mo., day, yr.) May 24 - 18/1-	Immediais cause of death Wassian resulting DURATION
8. AGE: Years Months Days If less than one day	Lastine Tuilus
75 hrsmin.	Rom Restore
8. Birthplace St monto many and	Due to Chrome interstitial nephotics 5 years
(Town, county, and atate)	[6/25/47 alec]
10. Usual occupation	Due to
11. Industry or business Same.	
# 12, Name Transca D Burch	Bither conditions area day to uremin
13. Birtholace St mary's Co	(2) Congestive Failure (Cardiac)
E Sus Des Comberon	(Include regnancy within 3 months of death)
14. Maiden name Sussain Jennyanni 15. Birthplace St Mary Co	Major fiedings of operations
∑ 15. Birthplace Mary Ca	Date of op
16. Informant Welleans a Bunch	Actors y results
Address Charlotte Hall md	
17 Burial Date thereof Brance 2 1941	22. VIOLENCE: If death was due to external causes, fill in the following:
(Buriai, cremation, or removal, Which?)	Accident, suicide, or homicide
Cemetery or crematory to the Carelland	Whers did injury occur?
Location In The American In al	Injured at home, farm, Industry, public place (where?)
11/9 DAD TT Parel	Means of injury Injured at work?
18. Funeral director	2 0.00 0
Address Leonardtown mds	23. SIGNATURE Francis J. Crilley J. MA
10 May 3/ 1047 Clemen	Llag leville md 5-30-4
(Date rec'd by registrar) Registrar	Address Date signed Date signed

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JUN 2 1947 BUREAU V.B.

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County Mary Md	State maryland county St marys
(If outside city or town limits, write RURAL and give nearest town)	City or laws I mach presswelle
How long in above place of death?	(If outside city or town limits, write RURAL and give nearest town)
Hospital, Institution, or street address where dearn occurred	Street No. B. F. D. #
	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
4. Sex   5. Color or race   6.(a)Single, married, widowed, or divorced /	MEDICAL CERTIFICATION
male while married	20. DATE DF DEATH 2014 2 9 19 4 7 21 1.40 4
6.(b) Name of husband or wife. Engage Copacy	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
S (a) It alian rive are 79 years	april 147 10 llog 29 14
7. Birth date of	and that Mast saw h dive on May 2 8 194
deceased (mo., day, yr.)  RACE   -   8 3 0	Immediate Tiple of death DURATION
6. AGE.	Cardia Calley
8 7 2. /8hrsmln.	<i>A</i>
9. Birthplace Mechanism (Town, county, and state)	Due to Sumaling with with the sections
10. Usual occupation	
	Due to
11. Industry or business	
12. Name	Dther conditions
13. Birthpiace	(Include pregnancy within 3 months of death)
14. Maiden name Wash force	
TO 45 Biothelines	Major fieldings of aperatinos.
0 . 1	Actupsy results.
18. Informant Capacity	PHYSICIAN: Please underline the cause to which death should he charged statistically.
Address me chancemande me	22. VIOLENCE: If death was due to external causes, till in the following;
17 Burial Date thereof May 31-194/	Accident, suicide, or homicide
(Burial, cremation, or removal. Which?) (month) (day) (year)	
Cemetery or crematory Mt. 1 Mary Camalagy	Whera did Injury occur?
Location Laural Frome MC	Injured at home, farm, industry, public place (where?)
III a constitutional loved	Means of Injury Injured at work?
18. Funeral director W. C. Thursday Services	7 1000
Address Teon and own May	23. SIGNATURE PAUL CALLACTE
10 Muy 3/ 194) Cume al	2 Torsaidtorno M. D. or other 5/3/1/1
(Date ree'd by egistrar) Registrar	Address Date signed Date signed

RECEIVED
JUN 2 1947
BUREAU V.S.

Evidence for addition o of death shown on:

f	hour				
	MARYLAND	STATE	DEPARTMENT	<b>OF</b>	HEALTH

2411 N. Charles St., Baltimore

04330

## CERTIFICATE OF

7	DEATH	Reg. Dist. No.

PLACE OF DEATH: St. Massys	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants pyte residence of mother)
ounty (If outside city or town limits, write RURAL and give nearest town)	State Many land County St. Manys
ow long in above place of death?	City or town
ow long In hospital or institution?	(If rural, give LOCATION)  2.(a) If veteran, name war
(a) FULL NAME, Indant Thillis Louise	Henrick 3. (b) Social Security Number
Sex 6. Color or race 6.(a) Single, married, widowed, or divorced lessale Colored sengle	MEDICAL CERTIFICATION  20. DATE OF DEATH. M. 24 2 19.47 21 7:10 P M
(6) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
Birth date of deceased (mo., day, yr.) Way 2, 1947	and that I last saw her alive on May 2 19 47.  Immediate cause of death.  OURATION
B. AGE: Years   Months   Days   If less than one day	(1) Simoly State of the state o
. Birthplace Many and state)	Oue ta.
O. Usual occupation.	Due to
1. Industry or business  12. Name Theodoge a. Hemick	Other conditions
13. Birthplace Mary land  14. Maiden name Landse H. Butler	(Include pregnancy within 3 months of death)
15. Birthplace many land	Major findiogs of operations
Address Beachwille md.	Actopsy resolts
Burial Cremation, or removal, Which? Date thereof (month) (day) (year)	22. VIOLENCE: If death was due to external causes, fill in the following;  Accident, suicide, or homicide
Cemetery or crematory St. Celeas	Where did Injury occur?
Location Backerson  18. Funeral director Backerson	Means of Injury Injured at work?
Address Leonardtown med.	23. SIGNATURE Robert F. Frichs M.D.
(Date rec'd by registrar)  (Date rec'd by registrar)	Address Leaves of true Med. Date signed 5/2/47



The correctage

#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

940

#### CERTIFICATE OF DEATH

Reg. Dist. No. 28/

1. PLACE OF DEATH: County Marsh	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newborn infants give residence of mother)
City or town Pure all Pure All and give nearest town)	State Maryland County Maryl
How long in above place of death?	(If outside city or town limits, write BDRAL and give nearest town)
Hospital, Institution, or street address where death occurred:	
	(If rural, give LOCATION)
	(If fursi, give Location)
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Mary Catherine Han	imett
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
7. 1. 4. 1.	
Temare voule wedowed	20. DATE OF DEATH May 29 1947 at 4 Pa M
	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
6.(b) Name of husband or wife	21. 2 CENTIFF THAT DEATH OCCUPIES ON THE DATE ABOVE STATES, THAT I ATTEMBED DECEASED HOW
	January 1840, 10 May 29 1947
7. Birth date of	and that I last saw he alive on May 26 1847
deceased (mo., day, yr.) 10 /83 6	Immediais cause of death
8. AGE: Years Months Days If less than one day	Talmediate Clase of death
9/ 4/19 hrs. min.	
	Cornery selvas 3 yes
9. Birthplace Valley Let Ind	Dveta
(Town, county, and state)	las of the same
Stansen!	January Joyless.
1D. Usual occupation.	Due to
1f. Industry or business	
12 Name Johnson	Diter conditions
	Uner conditions
	(Include pregnancy within 3 months of death)
14. Maiden name Charlolle Muthald	
5	Major fiedings of operations
E 15. Birthplace ankenowa	Date of op.
16 Informant Mrs Mary Joy	Aptopsy resolts
16. Informant	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address lage Ind	
17 Burial Bale thereof June 1947	22. VIOLENCE: If death was due to external causes, fill in the following;
(Burial, cremation, or removal Which?)  Bate thereof (month) (dos) (year)	Accident, suicide, or homicide
It by al dall	Where did Injury occur?
Cemetery or crematory	Where did injury occur?
Location Redae Mid	injured at home, farm, industry, public place (where?)
P/B P	Means of Injury Injured at work?
18. Funeral director	22-4
Address Leonaratown Ind	23. SIGNATURE J. Bean han M. D. or other
19.5-31-1947 pgholonymi	And mille med provided the street way 31/47

JUN 3 1947 BUREAU V S. sorfect age

#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

16/2

04332

#### CERTIFICATE OF DEATH

Reg. Diat. No.

1. PLACE OF DEATH:  County St. Marys  City or town. US NAS, Patuxent River, Maryland  (If outside city or town limits, write RURAL and give nearest town)  Jow long in above place of death? Jays		2. USUAL RESIDENCE (HOME) 0. (For newborn infants give residence of	mother)		
		State Maryland county Charles			
		City or town Indian Head M	aryland		
Hospital, Institution, o	r street address where	death occurred:	Street No. 34 Elder Place	. Potomac Heig	ht s
Dispensar	ry. U. S. N	Naval Air Station, it River, Maryland	(If rural, give	LOCATION)	
How long in hospital of	or institution?		2.(a) If veteran, name war		V
3. (a) FULL NAM	IE			3. (b) Social Security N	umber
	Michael F	Robert HARRIS			
4. Sex	5. Color or race	6.(a)Single, married, widowed, or divorced	MEDICAL CI	ERTIFICATION	
Male	White	Single	20. DATE OF DEATH 22 May	19 47	at 11:25A N
C (I) Harris I bashoos	t an wife		21. I CERTIFY that death occurred on the date abo	ve stated; that I attended deceas	ed from
			19 May 19	47 to 22 May	19 47
7. Birth date of	20.1		and that I last saw himalive on22	May	194.7
deceased (mo., day,		Days   If less than one day	Immediate cause of death	•••••	DURATION
o. AGE.	,	3min.	Atelectasis	***************************************	***************************************
a Blothalas NAS	. Patuxent	River, St. Marys, Md.	Due to. Newborn		**********************
	(lown,	county, and state;		***************************************	
10. Usual occupation		Due to		***************************************	
11. Industry or busine		- aunti-			************************
質 12. Name	Gordon R	obert Harris	Dther conditions		***************************************
3. Birthplace Portland, Oregon   Betty Louise Southard,		(Include pregnancy within 3 1	months of death)		
		Major findings of operations. None			
15. Birthplace		nd, Oregon	Major findings of operations		
	Gordon R	obert Harris	Antopsy results. None	The state of the s	
16. Interment	llas Place	Potomna Wajahta	PHYSICIAN: Please underline the cause to w	hich death should be charged s	tatistically.
Address 34 E	THEL LINGS	, Potomac Heights, Indian Head, Md.	22. VIOLENCE: It death was due to external cau	ises, fill in the following:	
17(Burial, crematio	on, or removal. Which	Date thereof	Accident, suicide, or homicide	Date of	***************************************
	Japla Sopla	01 01	Where did injury occur?(City or town)	(County)	(State)
N	1000 1		Injured at home, farm, Industry, public place (w		
Location	TO (	R	Means of Injury	Injured at work?	
18. Funeral director	100		1 1		
Address	onard	lower	23. SIGNATURE 7 A. 24	CDR, MC	USN
19	19	- Part A R	Address NAS, Patuxent Riv	ш. р. о	Other
(Date rec'd by r	registrar)	Registrer	Address Times I double the	M.A	



2411 N. Charles St., Baltimore

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04333

#### CERTIFICATE OF DEATH

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1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County 21	and a demanant
(If outside city or town limits, write RURAL and give nearest fown)	State MANGE County County
How long in above place of death?	City or town
Hospital, Institution, or street addreas where death occurred:	
	Street No. (If rural, give LOCATION)
How long in hospital or inatitution?	2.(a)  1 veteran, name war
3.(a) FULL NAME	3. (b) Social Security Number
Frank Francis Johnson	5. (0) Social Security Number
4. Sex 5. Color or race B.(a) Single married, widowed, or divorced	MEDICAL CERTIFICATION 47
male white married	20. DATE OF DEATH. M. 3. 1946 21 6, 20 9 M
Read Tomic Valences	21. I CERTIFY that death occurred on the date above atatad: that 1 atlegead daceased from
8.(b) Nama of husband or wife African Assault Ablustica	Man 19 4 p. 10 Manif J . 19 4
7. Birth date of	and that I last saw h Maluer on Cott 26 th 36 th
deceased (mo., day, yr.) March 12 - 1873	Immediate cause of death Library attended the DURATION
8. AGE: Yeara   Months   Days   If less than one day	
74 / 22hrs,min.	
11-04. Il a st mast moule	Anna la Districal Sclero de la
9. Birthplace	1
1B. Usual occupation	Thouse called in the march
67	Due 10. A. S. C. S
11. Industry or business harmely	
12. Name Allery Johnson 13. Birthplace Story Co	Other conditions
13. Birthplace Str Maryo Co	(Include pregnancy within 3 months of death)
# 14. Maiden name M. Anil Shompson	
E 14. marten name	Major findings of operations.
15. Birthplace St. Mary Ca	Date of op
18. Informant Mana Francis Jahren	Autopsy results
Address Hally World med	PHYSICIAN: Please underline the cause to which death should be charged statistically.
The Control of the Co	22. VfOLENCE: If death was due to external causes, till in the following:
17 (Burisl, cremation, or removal, Whier)  Date thereof (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory Talougues Cennelland	Whera did injury occur?
Location Janard Solin my	Injured at home, farm, Industry, public place (where?)
11/10 Matt. Resexon	Maana of Injury injured at work?
18. Funeral director.	ane and
Address	23. SIGNATURE T. T. L. L. L. L. M. D. or other
19. 3 / 3 / 19. 4) Carrier	here as altering M. D. or other
(Date read by registrar) Registrar	Address O MAITI IN I AVI WILL Bate signed .

MAY 6 1947

Transfer and

2411 N. Charles St., Baltimore

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04334

#### CERTIFICATE OF DEATH

Reg. Dist. No. 28/

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
County O M. Mary	(For newborn infants give residence of mother)
	State MAD Student St. Mary
(If outside city or town limits, write RURAL and give nearest town)	Med mill
How long in above place of death?	(If outside city or town limits, write RURAL and give nearest town)
Hospital, Institution, or street address where death occurred	
Sh. Mary Hosp.	Streel No. (Virural/giv/LOCADION)
How long in hospital or institution?	2.(a) If veteral, name war World World
3. (a) FULL NAME	3. (b) Social Security Number
( ) She shall	213-16-2961
4. Sex   5. Color or race   6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION
4. Set 5. Gold of Face 6. (5) Single, married, with section 5.	MEDICAL CERTIFICATION
make Calased married.	20. DATE OF DEATH 5 / 5 19 47 at 4 P
and the same of th	21. I CERTIFY that death occurred on the dale above stated; that I attended deceased from
6.(b) Name of Austrand or wife Desace Safe	21. I UERITY that death occurred on the date above stated; that I attended deceased from
	May 15 19 49, 10 May 15 19 47
7. Birth date of	and that I last faw hammalive on May 113 13 7
deceased (mo., day, yr.) Masch	Immediate cause of death
8. AGE: Years Months Days If less than one day	ammentate trade of south
.5-44hrsmin.	C. L. D. C L. Jal
720	erebal herothage thouse
9. Birtholace // acyland	Due 10
(Payn, county, and state)	
1D. Usual occupation. Langer	Que to
	uve to
11. Industry or business	
12. Name	Other conditions
13. Birthplace Mary land	
	(Include pregnancy within 3 months of death)
14. Malden name Philips Sharler  15. Birthplace Many land	Major findings of aperations.
S 15 Birthologo M	Bala of an
21 13. Dilliplace Porague Variable	9416 OI OP.
16. Informan Massage Jangar	Antopsy results.
le of mille Ind.	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address Treat, Mills, Mai	22. VIOLENCE: If death was due to external causes, fill in the following:
17 Benial Date thereof 9-11-41	Accident, suicide, or homicide
11(Burial, cremation, or removal, Whisp?)  Bate thereof	
Cemetery or crematory. Wally Clack	Where did Injury occur?
1. Somille m.	Injured at home, farm, Industry, public place (where?)
Location Location	
18. Funeral director Add Rakeinson	Means of Injury Injured at work?
The state of the s	
Address land fuel Md.	23. SIGNATURE POBLAY MO:
all all appropriate	23. SIGNATURE M. D. or other
19. (Date rec'd by registrar)	Address Great Mills Man Date signed 5-17-47
(Date rec'd by registrar)	ABBIESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The consistence of eath clearly and legibly.

9-45-15M

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MARGIN RESERVED FOR BINDING

## WRITE PLAINLY, is especially A15

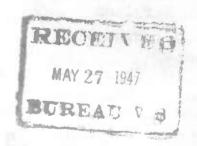
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#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

04335

CERTIFICAT	TE OF DEATH Reg. Dist. No.
1. PLACE OF DEATH:  County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)  State
Lillian M. Wheatley  4. Sei 5. Color or race 6.(a) Single, married, widowed, or divorced  female white married	MEDICAL CERTIFICATION  20. DATE DE DEATH MAY 23 47 21 6,50 M
8. (6) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I alterned deceases from    Committee   Committee
Burial Date thereof 5/25/47  (Burist, cremstion, or removal Which?)  Cemetery or crematory Trinity  Location St. Marys City  18. Funeral director P.B. Robinson  Address Leonardtown, Md.  19. (Datyree'd by registrar)  Registrar	22. VIOLENCE: If death was due to external cayses, fill in the following;  Accident, suicide, or homicide



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